

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/889251

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		2		
4		1		1		
5		1		1		
6		1		1		
7		2		2		
8		2		2		
9		2		2		
10		2		2		
11		2		2		
12		2		2		
13		2		2		
14		2		2		
15		2		2		
16		2		2		
17		2		2		
18		2		2		
19		2		2		
20		2		2		
21		2		2		
22		1		1		
23		1		1		
24		1		1		
25	1		1			
26	1		1			
27		2		2		
28				2		
29			1			
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44			1			
45				1		
46				1		
47			1			
48				1		
49				1		
50				1		
TOTAL IND.	4					
TOTAL DEP.		40				
TOTAL CLAIMS	44					

	* <i>Amtd B</i> *		*	
	IND.	DEP.	IND.	DEP.
51		1		
52		1		
53		1		
54		1		
55		1		
56		1		
57		1		
58		1		
59		1		
60		1		
61		1		
62		1		
63	1			
64		1		
65		1		
66				
67				
68				
69				
70				
71				
72				
73				
74				
75				
76				
77				
78				
79				
80				
81				
82				
83				
84				
85				
86				
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.	8			
TOTAL DEP.		75		
TOTAL CLAIMS	83			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY